

PART B – FEE(S) TRANSMITTAL

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32940 7590 07/19/2006

DORSEY & WHITNEY LLP
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Dated: October 19, 2006

Signed:  Kent Yehhara

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
09/03/927	03/16/1998	HENRY A. LESTER	A-63098-1/RF	1215

TITLE OF INVENTION: METHOD OF INHIBITING INWARD RECTIFIER, G-PROTEIN ACTIVATED MAMMALIAN POTASSIUM CHANNELS AND USES
REFERENCE:

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DATE	PUBLICATION FEE DUE	PRE PAID ISSUE FEE	TOTAL FEE(S) DUE	DUE DATE
nonprovisional	YES	\$700	\$300	\$0	\$1000	10/19/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
PAK, MICHAEL D.	1646	435-069100

1. Change of correspondence address of indication of "Fee Address" (37

C.F.R. 1.363)

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached **use of a Customer Number is required.**

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

2. The name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **DORSEY & WHITNEY**

2 **RICHARD F. TRECARTIN**

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CALIFORNIA INSTITUTE OF TECHNOLOGY

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

PASADENA, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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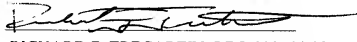
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **50-2319** (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

☒ a Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Typed or printed name **RICHARD F. TRECARTIN, REG. NO. 31,801**

Date **OCTOBER 19, 2006**

Registration No. **31,801**